

Message Text

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FM SECSTATE WASHDC
TO AMEMBASSY BOGOTA PRIORITY

C O N F I D E N T I A L STATE 219224

FOR AMBASSADOR FROM MARSHALL GREEN

E.O. 11652:GDS

TAGS: SPOP

SUBJECT: DISCUSSION WITH MOH

REF: A. BOGOTA 7637; B. STATE 203454

1. WE GREATLY WELCOME YOUR MESSAGE AND THE OPPORTUNITY
YOU WILL HAVE TO DISCUSS NEEDS FOR LAPROSCOPES WITH THE
MINISTER OF HEALTH. THE PURPOSE OF THIS MESSAGE IS TO
REVIEW IN MORE DETAIL WHAT IS INVOLVED IN OUR PREVIOUS
SUGGESTION AS TO HOW ONE MIGHT PROCEED.

2. PERHAPS WE SHOULD FIRST CLARIFY WHAT WE MEAN BY "LOW
PROFILE AND INTERNATIONAL AGENCY." TO MAINTAIN LOW
PROFILE, WE ARE QUITE PREPARED TO SEE A VOLUNTARY SURGICAL
CONTRACEPTION (VSC) PROGRAM GO FORWARD WITH NO STATED GOALS
OR TARGETS OF NUMBERS OF WOMEN TO BE ATTENDED AND LITTLE,
IF ANY, PUBLICITY. WE ARE CONVINCED THE PROGRAM WILL VERY
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LIKELY EXCEED EXPECTATIONS. SIMILARLY, THE DIRECT
INVOLVEMENT OF THE U.S. THROUGH A BILATERAL AGREEMENT WITH
THE GOC IS NOT NECESSARY. IT IS PARTLY FOR THIS REASON
THAT WE SUPPORT SUCH INTERNATIONAL ASSISTANCE AGENCIES AS
INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF),
INTERNATIONAL PROJECT OF THE ASSOCIATION FOR VOLUNTARY
STERILIZATION (IPAVS), THE JOHNS HOPKINS PROGRAM FOR INTER-
NATIONAL EDUCATION IN GYNECOLOGY AND OBSTETRICS (JHPIEGO),

AND FAMILY PLANNING INTERNATIONAL ASSISTANCE (FPIA). WE

RECOMMEND THOSE AGENCIES WORKING IN THE INTERNATIONAL FIELD WHICH HAVE ADEQUATE TECHNICAL CAPACITY AND EXPERIENCE FOR THIS TASK. THE THIRD COUNTRY ASSISTANCE FOR WHICH YOU STATE A PREFERENCE COULD BE PROVIDED THROUGH THE LARGE NETWORK OF INTERNATIONAL AFFILIATES AND EXPERTS ASSOCIATED WITH IPAVS AND JHPIEGO AS DESCRIBED IN PARA. 3 BELOW. ANOTHER ASPECT OF "LOW-PROFILE" IS TO ASSURE THAT THE PROGRAM OPERATES EFFECTIVELY WITH A MINIMUM OF MANAGEMENT PROBLEMS AND A ZERO ERROR OBJECTIVE IN TERMS OF POSSIBLE HEALTH SIDE EFFECTS. VOLUNTARY SURGICAL CONTRACEPTION IS THE SAFEST MEANS OF FERTILITY CONTROL OVER THE LONG RUN, DEPENDENT, OF COURSE, ON AVAILABILITY OF WELL-TRAINED SURGEONS AND WELL-MAINTAINED EQUIPMENT. THUS, IT IS IMPORTANT TO SELECT THE SUPPORTING ORGANIZATION THAT CAN PROVIDE THE NECESSARY TRAINING, TECHNICAL BACK-UP, AND MONITORING (ALBEIT AT ARMS-LENGTH), PARTICULARLY AT THE BEGINNING WITH THE PUBLIC SECTOR. PRESUMABLY, MUCH OF THIS COULD BE DONE IN COLOMBIA BY COLOMBIANS TRAINED THROUGH PREVIOUS ASSISTANCE.

3. TWO OF THE AGENCIES WITH THE GREATEST TECHNICAL CAPACITY AND SENSITIVITY TO PROVIDE THIS KIND OF HEALTH-CONTEXT, LOW-PROFILE ASSISTANCE ARE THE IPAVS AND JHPIEGO. THESE
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TWO AGENCIES INSIST ON, AND ARRANGE FOR, APPROPRIATE TRAINING FOR ALL SURGEONS WHO WILL RECEIVE THIS EQUIPMENT. SINCE IPAVS WORKS WITH VSC AFFILIATE ASSOCIATIONS IN 22 OTHER COUNTRIES AND JHPIEGO WITH MEDICAL SCHOOLS IN 80 COUNTRIES, BOTH AGENCIES COULD DEVELOP TRAINING PROGRAMS AND REPAIR FACILITIES IN COLOMBIA UTILIZING PERSONNEL FROM OTHER LATIN AMERICAN COUNTRIES OR FROM THEIR PRIVATE SECTOR CONTACTS IN COLOMBIA. JHPIEGO HAS WORKED WITH HOST COUNTRY INSTITUTIONS IN 18 COUNTRIES, 5 OF THEM IN LATIN AMERICA, IN THE DEVELOPMENT OF JOINTLY SPONSORED REGIONAL TRAINING CENTERS. THEIR STATUS AS A HEALTH INSTITUTION AND THEIR PROGRAM EMPHASIS ON REPRODUCTIVE HEALTH ARE WELL KNOWN. AS WE HAVE REVIEWED THEIR PAST ASSISTANCE TO COLOMBIA AND DISCUSSED WITH THEM THEIR INTEREST, IT WOULD SEEM APPROPRIATE IF JHPIEGO WERE ASKED TO ASSIST THE MINISTRY OF HEALTH PROGRAM AND IPAVS WERE TO PROVIDE ANY ADDITIONAL ASSISTANCE NEEDED TO THE PRIVATE SECTOR. CLEARLY, THIS IS A DECISION THAT IS PRIMARILY THAT OF THE COUNTRY TEAM AND THE HOST COUNTRY.

4. THE IPPF HAS PROVIDED SIGNIFICANT SUPPORT FOR PROFAMILIA VSC ACTIVITIES LARGELY BASED ON THE PREVIOUS TRAINING ARRANGEMENTS OF JHPIEGO AND IPAVS. THIS WORKED OUT RATHER WELL, BUT THERE IS SOME CONCERN FOR CONTINUING EQUIPMENT SUPPLY AND MAINTENANCE. IPPF COULD BE CONSIDERED AS A POSSIBLE SUPPLIER OF ASSISTANCE TO THE MOH, BUT THIS RUNS INTO SOME PROBLEM WITH THEIR INTERNATIONAL BOARD. ALREADY

MANY BELIEVE COLOMBIA GETS A DISPROPORTIONATE SHARE OF IPPF TOTAL FUNDING. ADDITIONAL SUPPORT TO THE MOH COULD INCREASE THIS PROBLEM, MAKING MORE DIFFICULT OUR EFFORTS TO ASSURE ADEQUATE IPPF SUPPORT TO PROFAMILIA'S OVERALL FAMILY PLANNING PROGRAM.

5. WE HAVE HAD SOME CONVERSATIONS BOTH WITH DR. DAZA AND WITH UNFPA ABOUT THE POSSIBILITY OF FUTURE UNFPA ASSISTANCE THROUGH PAHO TO THIS EFFORT. WHILE THERE IS SOME CONFIDENTIAL

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INTEREST, IT WILL BE QUITE SOME TIME BEFORE PROJECT PROPOSALS (WHICH IN THE PROCESS OFTEN BECOME MORE THAN "LOW-PROFILE") ARE DEVELOPED AND APPROVED BY THE GOC AND UNFPA. ADDITIONALLY, UNFPA AND PAHO ARE JUST BEGINNING TO GET INVOLVED IN VSC, AND NEITHER HAS THE EXPERIENCE OR PROFESSIONAL EXPERTISE IN THIS FIELD OF IPAVS OR JHPIEGO. WE ACCORDINGLY FEEL IT WOULD BE MOST APPROPRIATE TO UTILIZE JHPIEGO FOR THE INITIAL STAGES OF THIS ACTION AND PERHAPS UTILIZE UNFPA TO PROVIDE FOR FUTURE EXPANSION AND/OR CONTINUING COSTS.

6. ONE OF OUR IMMEDIATE CONCERNS IS THE CONDITION OF THE LAPROSCOPES AID PROVIDED IN 1973 AND 1974. THIS EQUIPMENT IS IN TEACHING HOSPITALS AS WELL AS PROFAMILIA CLINICS. DR. DAZA, MOH, HAS OFFERED TO ESTABLISH A REPAIR FACILITY IN THE MCH SECTION OF THE MINISTRY TO REPAIR ALL PRIVATE AND PUBLIC PROGRAM EQUIPMENT. JHPIEGO COULD ASSIST THAT EFFORT WITH ESTABLISHMENT OF A SPARE PARTS DEPOT AND THE TRAINING OF ONE OR TWO PROFESSIONALS TO MAKE REPAIRS IN THE MINISTRY. WE WOULD APPRECIATE YOUR THOUGHTS ON THE POSSIBILITY OF AID AUTHORIZING JHPIEGO TO GO FORWARD WITH THIS ACTION AT AN INITIAL COST OF ABOUT \$30,000.

7. IN DISCUSSING POSSIBLE SUPPORT WITH THE MINISTRY, YOU SHOULD BE AWARE OF AID/W'S FULL SUPPORT FOR THE PRINCIPLE OF QUICK RESPONSE TO COLOMBIAN NEEDS IN THIS REGARD. THERE ARE SOME LOGISTIC AND PROGRAMMATIC CONSIDERATIONS THAT SHOULD BE KEPT IN MIND; FOR EXAMPLE, WE WOULD PROBABLY BE SUPPLYING LAPROCATORS INSTEAD OF LAPROSCOPES FOR MOST LOCATIONS, SINCE THIS IS NEWER, SIMPLER, MORE EASILY MAINTAINED

EQUIPMENT THAT HAS MOST OF THE CAPABILITIES OF THE LAPROSCOPES AND IS EVEN SAFER TO OPERATE. ADDITIONALLY, CONFIDENTIAL

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THESE WOULD BE DELIVERED OVER A PERIOD OF TIME WITH ACTUAL NUMBERS DETERMINED BY AVAILABILITY AND PROGRAM GROWTH. DEMAND FROM OTHER COUNTRIES IS GROWING RAPIDLY, AND PRODUCTION/PURCHASING CAPABILITIES ARE SOMEWHAT LIMITED.

NONETHELESS, WE WOULD PROBABLY BE ABLE TO DELIVER ABOUT 25 EACH QUARTER OF FY 1979, PLUS A SUBSTANTIAL QUANTITY OF "MINOR SURGERY" KITS FOR MINILAPAROTOMY OR VASECTOMY, IF REQUESTED.

8. I SHARE YOUR VIEWS THAT, UP TO NOW, THE COLOMBIAN PROGRAM HAS BEEN OUTSTANDINGLY SUCCESSFUL, AND TO A LARGE DEGREE BECAUSE THE GOC DID NOT ENTER INTO CONFRONTATION. HOWEVER, AS YOU KNOW, A PART OF THAT HISTORY WAS THAT, AS EFFORTS WERE PIONEERED IN THE PRIVATE SECTOR, PROFAMILIA GENERALLY "TOOK THE HEAT" AND THE GOVERNMENT LATER FOLLOWED WITH LITTLE PROBLEM. IT APPEARS THAT THIS MAY BE THE TIME FOR THE GOVERNMENT TO NOW "FOLLOW" AGAIN, AS PROFAMILIA HAS BEEN PROVIDING THIS SERVICE (OFTEN IN GOVERNMENT HOSPITALS) FOR MORE THAN FOUR YEARS.

9. I VERY MUCH APPRECIATE YOUR INTEREST IN THIS ISSUE.
CHRISTOPHER

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